FEC FORM 1

## STATEMENT OF ORGANIZATION

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FORM 1	OHOANIZATION					FEC. MAIL CENTER
NAME OF COMMITTEE (in	n full)	(Check if na is changed)		ample:If typing, type or the lines.	12FE4M	15
TENNESS	EE DE	MOCRATI	CEXE	CUTIVE BOA	ARD,	
ADDRESS (number a	nd street)	P. O. BOX	61316	<b>2</b>		
(Check if address is changed)		NORTH M	IAMI		FL	33261
			CITY		STATE	ZIP CODE
COMMITTEE'S E-MA	address			ddress) ecutiveBoard	ds@ho	otmail.com
COMMITTEE'S WEB PAGE ADDRESS (URL)						
(Check if is change		<u> </u>			1 1 1	
2. DATE Î1" '9" 'Ž01Ž '						
3. FEC IDENTIFICATION NUMBER C						
4. IS THIS STATE	MENT 🗵	NEW (N)	OR [	AMENDED (A)		
I certify that I have of		Statement and to to	-	knowledge and belief it	is true, com	ect and complete.
Signature of Treasur	er <u></u>	Lusten-			Date 1	1°′09°′ <u>20</u> ′12 °
NOTE: Submission of	•	•	•	bject the person signing the		to the penalties of 2 U.S.C. §437g.
Office Use Only				For further information co Federal Election Commissio Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)